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Bib Data Sheet

CONFIRMATION NO. 5113

SERIAL NUMBER 09/773,148	FILING DATE 01/31/2001 RULE	CLASS 705	GROUP ART UNIT 2161	ATTORNEY DOCKET NO. COR185-09
APPLICANTS Babak Rezvani, Ossling, NY; Jack L. Chen, Astoria, NY; <i>ok</i> <i>FS</i>				
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/230,315 09/06/2000				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/30/2001				
** SMALL ENTITY **				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>FS</i> Examiner's Signature Initials		STATE OR COUNTRY NY	SHEETS DRAWING 4	TOTAL CLAIMS 34
INDEPENDENT CLAIMS 2				
ADDRESS Kenneth R. De Rosa Wolf, Block, Schorr & Solis-Cohen LLP 22 Floor 1650 Arch Street Philadelphia, PA 19103-2097				
TITLE Method and system for adaptively setting a data refresh interval				
FILING FEE RECEIVED 481	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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BIBDATASHEET

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CONFIRMATION NO. 5113

SERIAL NUMBER 09/773,148	FILING DATE 01/31/2001 RULE	CLASS 709	GROUP ART UNIT 2151	ATTORNEY DOCKET NO. COR185-09	
APPLICANTS Babak Rezvani, New York, NY; Jack L. Chen, Astoria, NY; ** CONTINUING DATA ***** LK This appln claims benefit of 60/230,315 09/06/2000 ** FOREIGN APPLICATIONS ***** LK IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 05/30/2001					
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged <div><div><input type="checkbox"/> yes <input checked="" type="checkbox"/> no</div><div><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance</div><div><u>Kennedy</u> Examiner's Signature</div><div><u>LK</u> Initials</div></div>		STATE OR COUNTRY NY	SHEETS DRAWING 4	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 2
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